



Student Application

Student's Legal Name: _____

First Name

Middle Name

Last Name

Street Address: _____

City, State: _____ Zip Code: _____

Date of Birth: ____/____/____ Age : _____ Entering Grade: _____

Religious Affiliation: _____

Previous School(s) Attended: _____

Student Ethnicity:

White, not of Hispanic origin

Black, not of Hispanic origin

Latino/a

Indigenous or Alaska Native

Asian or Pacific Islander

Other: _____

Family Information

1.) Parent/Guardian Name: _____

First Name

Last Name

Relationship to student: _____

Best Contact #: _____ Email: _____

Address, if different from student: _____

Employer: _____ Work #: _____

2.) Parent/Guardian Name: _____

First Name

Last Name

Relationship to student: _____

Best Contact #: _____ Email: _____

Address, if different from student: _____

Employer: _____ Work #: _____

Is anyone in the family available to volunteer during the school day? Yes No



About the Student

Is the student receiving services through Daniel Kids? Yes No

Is the student receiving services through an outside agency? Yes No

If yes, please provide more information about other services: (Speech/Language Therapy, Occupational Therapy, Behavioral Therapy, Case Management, Medication Management):

Students Lives with: _____

Who is legally and financially responsible for the student: _____
First Name Last Name

SSN of person legally & financially responsible for student: _____ - _____ - _____

Does the student receive scholarship funding through: McKay PLSA FTC HOPE

Scholarship Amount: _____

How did you hear about Daniel Academy (Case Manager, Parent Referral, Radio, Newspaper, DCPS, Website, etc.)? _____

Emergency Information

Emergency Contacts (if parents/legal guardian is unavailable):

Name	Telephone	Relationship

Person(s) authorized to pick-up student:

Name	Telephone	Relationship

If your student is to be picked up by someone not on the list, you MUST notify the office in writing prior to the desired pick-up day/time. Verbal notifications will not be accepted.



Health Information:

Name of physician: _____ Telephone: _____

Name of dentist: _____ Telephone: _____

Medicaid Information (if applicable): _____

Private Health Insurance carrier (if applicable): _____

Policy #: _____

Medical/Physical Needs

Major illnesses or accidents: _____

Medical concerns (allergies, heart problems, diabetes, etc.):

Is your child on medication: Yes No

Medication:	Dosage:	Frequency:

Note: A separate medication authorization form must be completed for any medication to be administered at school.

Attention/Social/Emotional Needs

Please describe your child's social/emotional strengths: _____

Please describe any social, emotional, and/or behavioral concerns that affect your child (inside and outside of school): _____

Rate your child's anxiety or depression concerns:

- Very anxious/depressed Somewhat anxious/depressed No anxiety/depression

Rate your child's ability to make friends:

- Shows difficulty Shows some difficulty Shows no difficulty



Rate your child's ability to maintain friendships:

- Shows difficulty Shows some difficulty Shows no difficulty

Rate your child's self-esteem:

- Low Average High

Rate your child's social skills as compared to their siblings/peers:

- Low Average High

Rate how your child relates to adults:

- Does not relate well Relates somewhat well Relates well

Rate how your child relates to peers:

- Does not relate well Relates somewhat well Relates well

Academic Needs

Does your child like school? Yes No

What type of teacher does your child relate to best? _____

What is your child's biggest challenge in school? _____

What is your child's greatest academic strength? _____

Has your child ever been suspended or expelled from school? Yes No

If yes, how many times? Please provide details: _____

Was your child's entrance into kindergarten delayed? If yes, why? _____



Please make any other comments you feel would be helpful to us in understanding your child:

By signing below, I attest that this application was completed to the best of my knowledge. I understand that Daniel Academy reserved the right to deny admission or remove for expulsion if there are any material disclosures that were not made at the time of application.

Parent/Guardian: _____
Print Name Signature Date

Releases

Medical Release

In the event of an emergency, and if all efforts to reach me have been unsuccessful, I give my permission for my child to be taken to the local emergency room and to be treated there by the attending physician. I understand that this permission slip would accompany my child and that the continued efforts would be made to contact me. I agree to assume the financial obligation incurred for such care.

- I agree
- I **DO NOT** agree

Parent/Guardian signature: _____ Date: _____

Field Trip Permission

I give permission for my student, _____, to attend field trips as part of the Daniel Academy program. I agree to release and discharge Daniel Academy and/or its officers, teachers and employees, exercising reasonable care within their scope of employment, from liability growing out of personal injuries resulting or occurring during these activities, or in transit to and from said activities. Parents/Guardians can choose to opt out of any particular field trip with a written note.

- I agree
- I **DO NOT** agree

Parent/Guardian signature: _____ Date: _____

Photography Release

I give my permission for my child to be photographed, and I understand that the photographs may be used for the yearbook, marketing or public relations.

- I agree
- I **DO NOT** agree

Parent/Guardian signature: _____ Date: _____

All requirements must be fulfilled before a placement will be held for your child for the 2019-2020 school year. Documents may be mailed directly to Daniel Academy at:
3725-6 Belfort Road, Jacksonville, FL 32216.

Daniel Academy does not discriminate against students, parents or employees on the basis of race, color, religion, national origin, sex, age, disability, or marital status.